

Complete and send this form, together with applicable fee(s), to: Mail

11/17/2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ndicated unless co	rrected below or	ence including the Pater directed otherwise in	ent, advance orders and notific Block 1, by (a) specifying a n	ation of maintenance fees will be mailed to the current correspondence address as lew correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
naintenance fee not	ifications.	•		
CURRENT CORRESI	PONDENCE ADDRE	SS (Note: Use Block 1 for any	change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must
. 21874	7590	11/17/2005	/	have its own certificate of mailing or transmission.

21874 **EDWARDS & ANGELL, LLP** P.O. BOX 55874 **BOSTON, MA 02205**

02/22/2006 JBALINA2 00000070 041105 10662191

01 FC:1501 1400.00 DA 300.00 DA

02 FC:1504

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Chiços Michelle P (Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/662,191	09/12/2003	Norman S. Gordon	BSC-093C8	9371

TITLE OF INVENTION: SUTURING INSTRUMENTS AND METHODS OF USE

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/17/2006
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]	
JACKSO	N, GARY	3731	606-144000	,	
Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Boston Scient	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion EE	Correspondence ation form the of a Customer E PRINTED ON THE PATE Clow, no assignee data will apof this form is NOT a substitution (B) RESIDEN	opear on the patent. If an assign e for filing an assignment. ICE: (CITY and STATE OR CO Maple Grove, MN	a member a 2 Steven a member a 2 Steven a member a 2 Steven a less of up to no name is 3 Edwa: The steven a 2	
Please check the appropriate 4a. The following fee(s) are		ries (will not be printed on the	patent): Individual C	orporation or other private gr	oup entity Government
Issue Fee	eliciosed,	·_ •	k in the amount of the fee(s) is en	closed	
	mall entity discount permitte		nt by credit card. Form PTO-2038		
	f Copies	X The D	rector is hereby authorized by c	harge the required fee(s), or	credit any overpayment, to copy of this form).
	MALL ENTITY status. See	e) 37 CFR 1.27.	icant is no longer claiming SMA any) or to re-apply any previousl ne other than the applicant; a reg	LL ENTITY status. See 37 C	10.1
Authorized Signature	Studen		Date	February 16,	
This collection of informatic an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USP1 is for reducing this burden, sl inia 22313-1450. DO NOT	11. The information is require 122 and 37 CFR 1.14. This c O. Time will vary depending sould be sent to the Chief Inic SEND FEES OR COMPLETI	d to obtain or retain a benefit by ollection is estimated to take 12 upon the individual case. Any commation Officer, U.S. Patent and ED FORMS TO THIS ADDRESS	the public which is to file (an minutes to complete, includi mments on the amount of ti Trademark Office, U.S. Der S. SEND TO: Commissioner	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



dication No. (if known): 10/662,191

Attorney Docket No.: 62868CON8(71589)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV756260685US in an envelope addressed to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on February 16, 2006

Date

Munelle a	Micos
Signa	ture
Michelle	Chicos
Typed or printed name of p	person signing Certificate
	(617) 439-4444
Registration Number, if applicable	Telephone Number

Note:

Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

PTOL-85

"Fee Address" Indication Form

Charge \$1,700.00 to deposit account 04-1105

ree Description	Effective		erson are requir	ed to respond to a c				OMB conti
First Named Inventor Examiner Norman S. Gordon Examiner Name G. Jackson Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT (\$) 1,700.00 Attorney Docket No. 62868-CON8 (71589) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below Indicated below Charge fee(s) indicated below Indicated below, except for the filing Indicated below Indicated below Indicated below Indicated below, except for the filing Indicated below Indicated below, except for the filing Indicated below Indicated below, except for the filing Indicated Below Indicated Below, except for the filing Indicated Below Indicated Below, except for the filing Indicated Below Indicated Below In	Ellectiv						<u>'n</u>	
First Named Inventor Examiner Norman S. Gordon Examiner Name G. Jackson Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT (\$) 1,700.00 Attorney Docket No. 62868-CON8 (71589) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below Indicated below Charge fee(s) indicated below Indicated below, except for the filing Indicated below Indicated below Indicated below Indicated below, except for the filing Indicated below Indicated below, except for the filing Indicated below Indicated below, except for the filing Indicated Below Indicated Below, except for the filing Indicated Below Indicated Below, except for the filing Indicated Below Indicated Below In	Sees pursuant to the Consolida						2002	
Examiner Name G. Jackson Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT (\$) 1,700.00 Attorney Docket No. 62868-CON8 (71589) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing Charge any additional fee(s) or underpayment of Fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	. —— =		1 L			· · · · · · · · · · · · · · · · · · ·		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling X Charge any additional fee(s) or underpayment of X Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fe	For				rdorr			
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing and charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fee (Applicant claims smal	l entity status. See 37 CFI	R 1.27	Art Unit		3731		
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP	TOTAL AMOUNT OF PAY	MENT (\$) 1,7	00.00	Attorney Docket	No.	62868-CON8 (71589)	
Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 TEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Application Type Fee (\$) Fee	METHOD OF PAYMEN	T (check all that apply))			<u> </u>		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Credit C	Card Money Ord	er Nor	e Other	(please iden	tify):		
Charge fee(s) indicated below	X Deposit Account Depo	usit Account Number: 04-11	05 Deposit Acc	ount Name:	Edwards .	Angell Palmer	& Dodge L	LP
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	For the above-ident	ified deposit account, t	he Director is	hereby authorize	ed to: (che	ck all that apply)		
Tee(s) under 37 CFR 1.16 and 1.17	x Charge fee(s)	indicated below		Charg	je fee(s) ind	dicated below, ex	cept for the	e filing f
Tee(s) under 37 CFR 1.16 and 1.17			rpayment of	x Credit	any overpa	ayments		
The color of the		37 CFR 1.16 and 1.17			_			
FILING FEES Small Entity Fee (\$) Fee (AND EXAMINATION	FFFS					
Application Type	I. DAGIOTILING, GLARGI			ARCH FEES	EXAMIN	NATION FEES		
Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 50 25 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Application Type				Fee (\$)		Fees Pa	aid (\$)
Design 200 100 100 50 130 65	· · · · · · · · · · · · · · · · · · ·						100311	<u> 10 (φ)</u>
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Er Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Small Er Fee (\$) Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)	,							
Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Er Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claims over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) -20 = x = Multiple Dependent Claims Fee (\$) Fee Paid (\$) . Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	•	200 100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Reissue	300 150	500	250	600	300		
Fee Description Fee (\$) Fee (Provisional	200 100	0	0	0	0		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	2. EXCESS CLAIM FEES						<u>s</u>	
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								<u>Fee (\$</u>
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	· ·	•	,					25
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 =		er 3 (including Reissue	:s)					
- 20 = x = Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	• •	01-1 5 (0)	F D	-: (6)		ukinto Danando		180
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	lotal Claims Extra		Fee P	aid (\$)	_			
	20 -	^			<u></u>	<u>- 141</u>	·	
3 = x =	- 20 =							-
		Claims Fee (\$)	Fee P	aid (\$)			•	
	Indep. Claims Extra - 3 = 3. APPLICATION SIZE FEE	x =					,	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 (FP 1.52(a)), the application size for due is \$250 (\$125 for small entity) for each additional 50	Indep. Claims Extra - 3 = 3. APPLICATION SIZE FEE If the specification and dra	x = =	ets of paper (excluding electro				
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50	- 3 = 3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR	x = = = = = = = = = = = = = = = = = = =	ets of paper (excluding electrons is \$250 (\$125 f				
	Indep. Claims - 3 = 3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there	x = ==================================	ets of paper (n size fee due a)(1)(G) and 3	excluding electrons is \$250 (\$125 f. 37 CFR 1.16(s).	or small en	itity) for each ad	ditional 50	aid (\$)
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	- 3 = 3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there Total Sheets	x ====================================	ets of paper (n size fee due a)(1)(G) and 3 aber of each ad	excluding electres is \$250 (\$125 f 37 CFR 1.16(s).	or small en	tity) for each ad	ditional 50 Fee Pa	aid (\$)
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof round up to a whole number) x Fee Paid (\$) 4. OTHER FEE(S)	Indep. Claims - 3 = 3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there Total Sheets - 100 = 4. OTHER FEE(S)	x = ==================================	ets of paper (n size fee due a)(1)(G) and 3 aber of each ad	excluding electrons is \$250 (\$125 f 37 CFR 1.16(s).	or small en	tity) for each ad	ditional 50 Fee Pa	
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x =	Indep. Claims -3 = 3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specification	x ====================================	ets of paper (n size fee due a)(1)(G) and 3 aber of each ad	excluding electrons is \$250 (\$125 f 37 CFR 1.16(s).	or small en	tity) for each ad	Fee Pa	aid (\$)